

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WAVERLY HEIGHTS, LTD.

LEGAL ENTITY

To operate WAVERLY HEIGHTS

NAME OF FACILITY OR AGENCY

Located at P.O.BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA 19035

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 26, 2011 until February 26, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127820

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 28 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Margaret M. Guenveur, V.P. Healthcare Services  
Waverly Heights, LTD.  
Waverly Heights  
P.O. Box 179, 1400 Waverly Road  
Gladwyne, Pennsylvania 19035

Dear Ms. Guenveur:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

  
Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WAVERLY HEIGHTS, P O BOX 179 1400 WAVERLY ROAD GLADWYNE, PA 19035		CURRENT LICENSE NUMBER 127820	
INSPECTION DATES (Include all dates of the inspection) 12/16/2010		REGIONAL REPRESENTATIVE Michelle Morton, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Susan Cooper</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katharine Young</i>	DATE 2/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to-assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of 2x Ultra Tide, with a manufacturer's label indicating "if swallowed, call a physician," and a bottle of Clorox bleach with a manufacturer's label indicating, "Call a doctor or poison control center if ingested", was unlocked and accessible to residents in resident room 117. None of the residents of the home have been assessed capable of recognizing and using poisons safely.	Feb. 28, 2011	A new policy will be developed indicating that all laundry and cleaning products must be kept in a locked closet in the laundry room. Residents will be educated in Resident Council meetings, and a letter will be sent to families informing them of the new policy and asking them to give to nursing any laundry and cleaning products they may bring in to the facility. Nursing staff will monitor periodically as they provide care to residents. The administrator will spot check to ensure continuing compliance.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                 </div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Date <u>2/2/11</u> Initials (DPW) <u>AY</u> </div>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Susan Cooper</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE 2/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY.
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	According to the letter provided by the home's fire safety expert on 10/13/10, the home has three fire safety areas-the connecting hallway between the personal care unit and two stairwells. On 12/16/10, representatives of the Department observed the stair tower by the mechanical room has been closed off (a wall has been built that blocks the stairwell) and the stairwell by resident rooms 117 and 118 is not safe. This stairwell is labeled as an exit in the hallway and inside the stairwell it is labeled as a fire exit. The stairwell opens onto a concrete landing. Beyond the landing is a dirt area with a row of trees to the right. There is assorted construction debris (hose, piece of wood, pile of dirt, corrugated plastic tubing) lying outside the landing against the building. Just beyond the debris is an excavation hole that is approximately 8 feet deep. There is no way to exit the building through this area as it is blocked by both the hole ahead and the trees to the right.	Feb. 28, 2011	On the day of the survey, a second fire exit was modified (at the end of North Hallway) to provide a second fire exit. Since the survey, the exit has been modified with railings, and safe surfaces for resident exit. Final completion of the last bit of paving connecting to the driveway will be completed within the next two weeks, as weather allows. Residents are able to exit the building safely at this time. Photo is attached: #4	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 2/2/11 Initials: (DPW)</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Susan Cooper</i>	DATE 2-3-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE 2/11/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141s The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 12/2/10, states to "see meds per order sheet on chart". There are no medications listed on the form and no attached medication list.  Repeat Violation- 12/2/09	Feb. 28, 2011	<del>Nursing has been instructed to attach the medication list to the medical evaluation form.</del> Charts of resident reviewed during survey and of all residents will be reviewed for complete and accurate medication lists. Review will occur monthly when medication recaps are done. The administrator will spot check to ensure continuing compliance.  Resident #1's medical evaluation form will be reviewed by the physician and a current list of medications will be attached to the form. The updated medical evaluation form and the attached medication list will be signed and dated by the physician.  <i>Added by: kjf</i> <i>2/11/11</i>	

02/03/2011

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WAVERLY DR OFFICE → 96102701147

NO. 149

P02

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WAVERLY HEIGHTS, P O BOX 179 1400 WAVERLY ROAD GLADWYNE, PA 19035		CURRENT LICENSE NUMBER 127820	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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SIGNATURE OF LEGAL ENTITY <i>Susan Cooper</i>	DATE <i>1-26-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE <i>2/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The medication administration record for resident #1 includes Miralax granules p.r.n. The medication is not present in the home.  The medication administration record for resident #3 includes the p.r.n. medications Milk of Magnesia, Fleets enema, and Malox. None of the medications is present in the home.	Feb. 28, 2011	Corrections have been completed for resident charts reviewed during survey. All charts have been checked to ensure that medications and MARs are accurate. Nurses will be in-serviced at the February nursing staff meeting to ensure compliance with the correct procedures. The Director of Nursing will spot-check to ensure continuing compliance.	<div style="border: 1px solid black; padding: 2px;"> <p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date _____ Initials (DPW) _____</p> </div>

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SIGNATURE OF LEGAL ENTITY <i>Susan Cooper</i>	DATE <i>1/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE <i>2/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a. A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #2 does not include Senna tablets twice daily and Nitroglycerin Tablets p.r.n. The medications are present in the home.  The medication administration record for resident #3 does not include Zolpidem Tartrate. The medication is present in the home.	Feb. 28, 2011	Corrections have been completed for resident charts reviewed during survey. All charts have been checked to ensure that medications and MARs are accurate. Nurses will be in-serviced at the February nursing staff meeting to ensure compliance with the correct procedures. The Director of Nursing will spot-check to ensure continuing compliance	Steps have been taken to correct violation; full compliance is not verifiable Date <i>2/2/11</i> Initials <i>(PW)</i>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date, and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1's record does not include an inventory of personal belongings.  Resident #2's record does not include an inventory of personal belongings.  Resident #3's record does not include an inventory of personal belongings.  Repeat Violation- 12/21/09	Feb. 28, 2011	The attached form will be made an attachment to the resident contract for future admissions. Current residents/Designated Representatives will be offered the option to inventory the resident's possessions. See Attachment 5.  Upon admission to home and completion of contract the administrator will review all contracts to ensure completion of inventory sheets.  Added by: ky 2/11/11	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/11/11 Initials (DPW): <i>KY</i>

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				